

# draft

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SENATE BILL 2360 By  
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HOUSE BILL 2387  
By Bowers

AN ACT to amend Tennessee Code Annotated, Titles 13, 24, 33,  
37, 41 and 68, relative to involuntary commitment of  
mentally ill persons.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code, Annotated, Title 33, Chapter 3, is amended by adding  
Sections 2 through 35, inclusive of this act as a new part to be appropriately designated.

SECTION 2. (a) It is the intent of the general assembly to enhance continuity of care for  
persons with serious mental illness that can be controlled or stabilized in a less restrictive  
alternative commitment. The general assembly intends to encourage appropriate interventions  
at a point when there is the best opportunity to restore the person to or maintain satisfactory  
functioning.

For persons with a prior history or pattern of repeated hospitalizations or law  
enforcement interventions due to decompensation, the consideration of prior mental history is  
particularly relevant in determining whether the person would receive, if released, such care as  
is essential for his or her health or safety.

Therefore, the general assembly finds that for persons who are currently under a  
commitment order, a prior history of decompensation leading to repeated hospitalizations or law  
enforcement interventions should be given great weight in determining whether a new less  
restrictive alternative commitment should be ordered.

(b) The provisions of this act are intended by the general assembly:

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(1) to end inappropriate, indefinite commitment of mentally ill persons and to eliminate legal disabilities that arise from such commitment;

(2) to provide prompt evaluation and timely and appropriate treatment of persons with serious mental illness;

(3) to safeguard individual rights;

(4) to provide continuity of care for persons with serious mental illness;

(5) to encourage the full use of all existing agencies, professional personnel, and public funds to prevent duplication of services and unnecessary expenditures;

(6) to encourage, whenever appropriate, that services be provided within the community; and

(7) to protect the public safety.

(c) The provisions of this act shall control over any other conflicting provisions of Tennessee Code, Annotated, Title 33, Chapter 3, concerning the involuntary commitment of mentally ill persons.

### SECTION 3. For the purposes of this act:

(1) "Antipsychotic medications", also referred to as "neuroleptics", means that class of drugs primarily used to treat serious manifestations of mental illness associated with thought disorders and currently includes phenothiazines, thioxanthenes, butyrophenone, dihydroindolone, and dibenzoxazipine.

(2) "Attending staff" means any person on the staff of a public or private agency having responsibility for the care and treatment of a patient.

(3) "Commissioner" means the commissioner of mental health and mental retardation or the commissioner's designee.

(4) "Court" means any court with jurisdiction pursuant to Section 33-3-603;

(5) "Custody" means involuntary detention under the provisions of this act or title 33, uninterrupted by any period of unconditional release from a facility providing involuntary care and treatment.

(6) "Department" means the department of mental health and mental retardation.

(7) "Developmental disabilities professional" means a person who has specialized training and three (3) years of experience in directly treating or working with persons with developmental disabilities and is a psychiatrist, psychologist, or social worker, and such other developmental disabilities professionals as may be defined by rules adopted by the secretary.

(8) "Developmental disability" means a severe, chronic disability that:

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) is manifested before the individual attains age twenty-two (22);

(C) is likely to continue indefinitely;

(D) results in substantial functional limitations in three (3) or more of the following areas of major life activity--(i) self-care; (ii) receptive and expressive language; (iii) learning; (iv) mobility; (v) self-direction; (vi) capacity for independent living; and (vii) economic self-sufficiency; and

(E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age five (5), inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

(9) "Evaluation and treatment facility" means any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a mental disorder, and which is certified as such by the department. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility. A facility which is part of, or operated by, the department or any federal agency will not require certification. No correctional institution or facility, or jail, shall be an evaluation and treatment facility within the meaning of this act.

(10) "Gravely disabled" means a condition in which a person, as a result of a mental illness:

(A) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or

(B) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(11) "Habilitative services" means those services provided by program personnel to assist persons in acquiring and maintaining life skills and in raising their levels of physical, mental, social and vocational functioning. Habilitative services include education, training for employment, and therapy. The habilitative process shall be undertaken with recognition of the risk to the public safety presented by the individual being assisted as manifested by prior charged criminal conduct.

(12) "Individualized service plan" means a plan prepared by a developmental disabilities professional with other professionals as a team, for an individual with developmental disabilities, which shall state:

(A) the nature of the person's specific problems, prior charged criminal behavior, and habilitation needs;

(B) the conditions and strategies necessary to achieve the purposes of habilitation;

(C) the intermediate and long-range goals of the habilitation program, with a projected timetable for the attainment;

(D) the rationale for using this plan of habilitation to achieve those intermediate and long-range goals;

(E) the staff responsible for carrying out the plan;

(F) where relevant in light of past criminal behavior and due consideration for public safety, the criteria for proposed movement to less restrictive settings, criteria for proposed eventual discharge from involuntary confinement, and a projected possible date for discharge from involuntary confinement; and

(G) the type of residence immediately anticipated for the person and possible future types of residences.

(13) "Judicial commitment" means a commitment by a court pursuant to the provisions of this act.

(14) "Likelihood of serious harm" means:

(A) a substantial risk that physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;

(B) a substantial risk that physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or

(C) a substantial risk that physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

(15) "Mental illness" means any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions.

(16) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals as may be defined by rules adopted by the commissioner pursuant to the provisions of this act.

(17) "Peace officer" means a law enforcement official of a public agency or governmental unit, and includes persons specifically given peace officer powers by any state law, local ordinance, or judicial order of appointment.

(18) "Private agency" means any person, partnership, corporation, or association not defined as a public agency, whether or not financed in whole or in part by public funds, which constitutes an evaluation and treatment facility or private institution, hospital, or sanitarium, which is conducted for, or includes a department or ward conducted for the care and treatment of persons who are mentally ill.

(19) "Professional person" shall mean a mental health professional, as above defined, and shall also mean a physician, registered nurse, and such others as may be defined by rules adopted by the commissioner pursuant to the provisions of this act.

(20) "Psychiatrist" means a person having a license as a physician and surgeon in this state who has in addition completed three (3) years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association and is certified or eligible to be certified by the American board of psychiatry and neurology.

(21) "Psychologist" means a person who has been licensed as a psychologist pursuant to title 63.

(22) "Public agency" means any evaluation and treatment facility or institution, hospital, or sanitarium which is conducted for, or includes a department or ward conducted for, the care and treatment of persons who are mentally ill or deranged if the agency is operated directly by federal, state, county or municipal government, or a combination of such governments.

(23) "Social worker" means a person certified as a social worker pursuant to Tennessee Code Annotated, title 63, chapter 23.

SECTION 4. Persons who are developmentally disabled, impaired by chronic alcoholism or drug abuse, or suffering from dementia shall not be detained for evaluation and treatment or judicially committed solely by reason of that condition unless such condition causes a person to be gravely disabled or as a result of a mental disorder such condition exists that constitutes a likelihood of serious harm.

SECTION 5. Subject to the provisions of Tennessee Code Annotated, Section 33-6-101, nothing in this act shall be construed to limit the right of any person to apply voluntarily to any public or private agency or practitioner for treatment of a mental disorder, either by direct application or by referral. Any person voluntarily admitted for inpatient treatment to any public or private agency shall be released immediately upon his or her request. Any person voluntarily admitted for inpatient treatment to any public or private agency shall orally be advised of the right to immediate release and further advised of such rights in writing as are secured to them pursuant to this act and their rights of access to attorneys, courts, and other legal redress. Their condition and status shall be reviewed at least once each one hundred eighty (180) days for evaluation as to the need for further treatment and/or possible release, at which time they shall again be advised of their right to release upon request: Provided however, that if the professional staff of any public or private agency or hospital regards a person voluntarily admitted who requests release as presenting, as a result of a mental illness, an imminent likelihood of serious harm, or is gravely disabled, they may detain such person for sufficient time

to notify the mental health professional designated by the commissioner for the county of such person's condition to enable such mental health professional to authorize such person being further held in custody or transported to an evaluation and treatment center pursuant to the provisions of this act, which shall in ordinary circumstances be no later than the next judicial day: Provided further, that if a person is brought to the emergency room of a public or private agency or hospital for observation or treatment, the person refuses voluntary admission, and the professional staff of the public or private agency or hospital regard(s) such person as presenting as a result of a mental illness an imminent likelihood of serious harm or as presenting an imminent danger because of grave disability, they may detain such person for sufficient time to notify the designated mental health professional of the county of such person's condition to enable such mental health professional to authorize such person being further held in custody or transported to an evaluation treatment center pursuant to the conditions in this act, but which time shall be no more than six (6) hours from the time the professional staff determine that an evaluation by the designated mental health professional of the county is necessary.

SECTION 6. In addition to the responsibility provided for by title 33, chapter 4, any person, or his or her estate, or his or her spouse, or the parents of a minor person who is involuntarily detained pursuant to this act for the purpose of treatment and evaluation outside of a facility maintained and operated by the department shall be responsible for the cost of such care and treatment. In the event that an individual is unable to pay for such treatment or in the event payment would result in a substantial hardship upon the individual or his or her family, then the county of residence of such person shall be responsible for such costs. If it is not possible to determine the county of residence of the person, the cost shall be borne by the county where the person was originally detained. The department shall, pursuant to rule, adopt standards as to (1) inability to pay in whole or in part, (2) a definition of substantial hardship, and (3) appropriate payment schedules. Such standards shall be applicable to all county



mental health administrative boards. Financial responsibility with respect to department services and facilities shall continue to be as provided in title 33, chapter 4.

SECTION 7. Attorneys appointed for persons pursuant to this act shall be compensated for their services as follows:

(a) The person for whom an attorney is appointed shall, if he or she is financially able pursuant to standards as to financial capability and indigency set by the court of the county in which the proceeding is held, bear the costs of such legal services.

(b) If such person is indigent pursuant to such standards, the costs of such services shall be borne by the county in which the proceeding is held, subject however to the responsibility for cost provided in Section 6.

SECTION 8. (a)(1) When a mental health professional designated by the commissioner for a county receives information alleging that a person, as a result of a mental illness presents a likelihood of serious harm; or is gravely disabled, such mental health professional, after investigation and evaluation of the specific facts alleged, and of the reliability and credibility of the person or persons, if any, providing information to initiate detention, may, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention. Before filing the petition, the designated mental health professional for the county must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility.

(2) Whenever it appears, by petition for initial detention, to the satisfaction of a judge of the court that a person presents, as a result of a mental illness, a likelihood of serious harm, or is gravely disabled, and that the person has refused or failed to accept appropriate evaluation and treatment voluntarily, the judge may issue an order requiring the person to appear within twenty-four (24) hours after service of the order at a designated evaluation and treatment facility for not more than a seventy-two (72) hour

evaluation and treatment period. The order shall state the address of the evaluation and treatment facility to which the person is to report and whether the required seventy-two (72) hour evaluation and treatment services may be delivered on an outpatient or inpatient basis and that if the person named in the order fails to appear at the evaluation and treatment facility at or before the date and time stated in the order, such person may be involuntarily taken into custody for evaluation and treatment. The order shall also designate retained counsel or, if counsel is appointed from a list provided by the court, the name, business address, and telephone number of the attorney appointed to represent the person.

(3) The mental health professional shall then serve or cause to be served on such person, his or her guardian, and conservator, if any, a copy of the order to appear together with a notice of rights and petition for initial detention. After service on such person the mental health professional shall file the return of service in court and provide copies of all papers in the court file to the evaluation and treatment facility and the designated attorney. The mental health professional shall notify the court and the prosecuting attorney that a probable cause hearing will be held within seventy-two (72) hours of the date and time of outpatient evaluation or admission to the evaluation and treatment facility. The person shall be permitted to remain in his or her home or other place of his or her choosing prior to the time of evaluation and shall be permitted to be accompanied by one (1) or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor to the place of evaluation. An attorney accompanying the person to the place of evaluation shall be permitted to be present during the admission evaluation. Any other individual accompanying the person may be present during the admission evaluation. The facility may exclude the individual if his or her presence would present a safety risk, delay the proceedings, or otherwise interfere with the evaluation.

(4) If the person ordered to appear does appear on or before the date and time specified, the evaluation and treatment facility may admit such person or may provide treatment on an outpatient basis. If the person ordered to appear fails to appear on or before the date and time specified, the evaluation and treatment facility shall immediately notify the mental health professional designated for the county who may notify a peace officer to take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility. Should the mental health professional notify a peace officer authorizing him or her to take a person into custody under the provisions of this subsection, he or she shall file with the court a copy of such authorization and a notice of detention. At the time such person is taken into custody there shall commence to be served on such person, his or her guardian, and conservator, if any, a copy of the original order together with a notice of detention, a notice of rights, and a petition for initial detention.

(b) When a mental health professional designated by the county receives information alleging that a person, as the result of a mental illness, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the mental health professional may take such person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility for not more than seventy-two (72) hours.

(c) A peace officer may take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility pursuant to subdivision (a)(4) of this section.

(d) A peace officer may, without prior notice of the proceedings provided for in subdivision (1) of this section, take or cause such person to be taken into custody and immediately delivered to an evaluation and treatment facility or the emergency department of a local hospital:

(1) only pursuant to subsections (a)(4) and (b) of this section; or

(2) when he or she has reasonable cause to believe that such person is suffering from a mental illness and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled.

(e) Persons delivered to evaluation and treatment facilities by peace officers pursuant to subdivision (d)(2) of this section may be held by the facility for a period of up to twelve (12) hours: Provided, that they are examined by a mental health professional within three (3) hours of their arrival. Within twelve (12) hours of their arrival, the designated county mental health professional must file a supplemental petition for detention, and commence service on the designated attorney for the detained person.

SECTION 9. When a mental health professional is requested by a representative of a law enforcement agency, including a police officer, sheriff, a municipal attorney, or prosecuting attorney to undertake an investigation under title 33, chapter 7, the mental health professional shall, if requested to do so, advise the representative in writing of the results of the investigation including a statement of reasons for the decision to detain or release the person investigated. Such written report shall be submitted within seventy-two (72) hours of the completion of the investigation or the request from the law enforcement representative, whichever occurs later.

SECTION 10. Any facility receiving a person pursuant to this act shall require a petition for initial detention stating the circumstances under which the person's condition was made known and stating that such officer or person has evidence, as a result of his or her personal observation or investigation, that the actions of the person for which application is made constitute a likelihood of serious harm, or that he or she is gravely disabled, and stating the specific facts known to him or her as a result of his or her personal observation or investigation, upon which he or she bases the belief that such person should be detained for the purposes and under the authority of this act.

If a person is involuntarily placed in an evaluation and treatment facility pursuant to this act, on the next judicial day following the initial detention, the mental health professional designated by the county shall file with the court and serve the designated attorney of the detained person the petition or supplemental petition for initial detention, proof of service of notice, and a copy of a notice of emergency detention.

SECTION 11. Whenever the designated county mental health professional petitions for detention of a person whose actions constitute a likelihood of serious harm, or who is gravely disabled, the facility providing seventy-two (72) hour evaluation and treatment must immediately accept on a provisional basis the petition and the person. The facility shall then evaluate the person's condition and admit or release such person in accordance with this act. The facility shall notify in writing the court and the designated county mental health professional of the date and time of the initial detention of each person involuntarily detained in order that a probable cause hearing shall be held no later than seventy-two (72) hours after detention.

SECTION 12. If the evaluation and treatment facility admits the person, it may detain him or her for evaluation and treatment for a period not to exceed seventy-two (72) hours from the time of acceptance. The computation of such seventy-two (72) hour period shall exclude Saturdays, Sundays and holidays.

SECTION 13. If the person is not approved for admission by a facility providing seventy-two (72) hour evaluation and treatment, and the individual has not been arrested, the facility shall furnish transportation, if not otherwise available, for the person to his or her place of residence or other appropriate place. If the individual has been arrested, the evaluation and treatment facility shall detain the individual for not more than eight (8) hours at the request of the peace officer in order to enable a peace officer to return to the facility and take the individual back into custody.

SECTION 14. (a) Whenever any person is detained for evaluation and treatment pursuant to this act, both the person and, if possible, a responsible member of his or her

immediate family, guardian, or conservator, if any, shall be advised as soon as possible in writing or orally, by the officer or person taking him or her into custody or by personnel of the evaluation and treatment facility where the person is detained that unless the person is released or voluntarily admits himself or herself for treatment within seventy-two (72) hours of the initial detention:

(1) that a judicial hearing in a court, shall be held not more than seventy-two (72) hours after the initial detention to determine whether there is probable cause to detain the person after the seventy-two (72) hours have expired for up to an additional fourteen (14) days without further automatic hearing for the reason that the person is a mentally ill person whose mental illness presents a likelihood of serious harm or that the person is gravely disabled;

(2) that the person has a right to communicate immediately with an attorney; has a right to have an attorney appointed to represent him or her before and at the probable cause hearing if he or she is indigent; and has the right to be told the name and address of the attorney the mental health professional has designated pursuant to this act;

(3) that the person has the right to remain silent and that any statement he or she makes may be used against him or her;

(4) that the person has the right to present evidence and to cross examine witnesses who testify against him or her at the probable cause hearing; and

(5) that the person has the right to refuse medications, including antipsychotic medication beginning twenty-four (24) hours prior to the probable cause hearing.

(b) When proceedings are initiated under this act, no later than twelve (12) hours after such person is admitted to the evaluation and treatment facility the personnel of the evaluation and treatment facility or the designated mental health professional shall serve on such person a copy of the petition for initial detention and the name, business address, and phone number of

the designated attorney and shall forthwith commence service of a copy of the petition for initial detention on the designated attorney.

(c) The judicial hearing described in subsection (a) of this section is hereby authorized, and shall be held according to the provisions of subsection (a) of this section and rules promulgated by the supreme court.

SECTION 15. Each person involuntarily admitted to an evaluation and treatment facility shall, within twenty-four (24) hours of his or her admission, be examined and evaluated by a licensed physician who may be assisted by a physician assistant according to title 63, or an advanced registered nurse practitioner according to title 63, and a mental health professional as defined in this act, and shall receive such treatment and care as his or her condition requires including treatment on an outpatient basis for the period that he or she is detained, except that, beginning twenty-four (24) hours prior to a court proceeding, the individual may refuse all but emergency life saving treatment, and the individual shall be informed at an appropriate time of his or her right to such refusal of treatment. Such person shall be detained up to seventy-two (72) hours, if, in the opinion of the professional person in charge of the facility, or his or her professional designee, the person presents a likelihood of serious harm, or is gravely disabled. A person who has been detained for seventy-two (72) hours shall no later than the end of such period be released, unless referred for further care on a voluntary basis, or detained pursuant to court order for further treatment as provided in this act.

If, after examination and evaluation, the licensed physician and mental health professional determine that the initial needs of the person would be better served by placement in a chemical dependency treatment facility, then the person shall be referred to an approved treatment program defined under title 33, chapter 8.

An evaluation and treatment center admitting any person pursuant to this act whose physical condition reveals the need for hospitalization shall assure that such person is transferred to an appropriate hospital for treatment. Notice of such fact shall be given to the

court, the designated attorney, and the designated county mental health professional and the court shall order such continuance in proceedings under this act as may be necessary, but in no event may this continuance be more than fourteen (14) days.

SECTION 16. (a) A person who is found to be gravely disabled or who presents a likelihood of serious harm as a result of a mental illness has a right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in a likelihood of serious harm or substantial deterioration or substantially prolong the length of involuntary commitment and there is no less intrusive course of treatment than medication in the best interest of that person.

(b) The commissioner of mental health and mental retardation is authorized to promulgate rules and regulations to implement the provisions of this act in accord with the provisions of Tennessee Code Annotated, title 4, chapter 5. These rules shall include:

(1) an attempt to obtain the informed consent of the person prior to administration of antipsychotic medication;

(2) for short-term treatment up to thirty (30) days, the right to refuse antipsychotic medications unless there is an additional concurring medical opinion approving medication;

(3) for continued treatment beyond thirty (30) days through the hearing on any petition filed under this act, the right to periodic review of the decision to medicate by the medical director or designee;

(4) administration of antipsychotic medication in an emergency and review of this decision within twenty-four (24) hours. An emergency exists if the person presents an imminent likelihood of serious harm, and medically acceptable alternatives to administration of antipsychotic medications are not available or are unlikely to be successful; and in the opinion of the physician, the person's condition constitutes an



emergency requiring the treatment be instituted prior to obtaining a second medical opinion; and

(5) documentation in the medical record of the physician's attempt to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent.

SECTION 17. At the time a person is involuntarily admitted to an evaluation and treatment facility, the professional person in charge or his or her designee shall take reasonable precautions to inventory and safeguard the personal property of the person detained. A copy of the inventory, signed by the staff member making it, shall be given to the person detained and shall, in addition, be open to inspection to any responsible relative, subject to limitations, if any, specifically imposed by the detained person. For purposes of this section, "responsible relative" includes the guardian, conservator, attorney, spouse, parent, adult child, or adult brother or sister of the person. The facility shall not disclose the contents of the inventory to any other person without the consent of the patient or order of the court.

SECTION 18. A person detained for seventy-two (72) hour evaluation and treatment may be detained for not more than fourteen (14) additional days of involuntary intensive treatment or ninety (90) additional days of a less restrictive alternative to involuntary intensive treatment if the following conditions are met:

(a) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and finds that the condition is caused by mental illness and either results in a likelihood of serious harm, or results in the detained person being gravely disabled and are prepared to testify those conditions are met.

(b) The person has been advised of the need for voluntary treatment and the professional staff of the facility has evidence that he or she has not in good faith volunteered.

(c) The facility providing intensive treatment is certified to provide such treatment by the department.

(d) The professional staff of the agency or facility or the mental health professional designated by the county has filed a petition for fourteen (14) day involuntary detention or a ninety (90) day less restrictive alternative with the court. The petition must be signed either by two (2) physicians or by one (1) physician and a mental health professional who have examined the person. If involuntary detention is sought the petition shall state facts that support the finding that such person, as a result of mental illness, presents a likelihood of serious harm, or is gravely disabled and that there are no less restrictive alternatives to detention in the best interest of such person or others. The petition shall state specifically that less restrictive alternative treatment was considered and specify why treatment less restrictive than detention is not appropriate. If an involuntary less restrictive alternative is sought, the petition shall state facts that support the finding that such person, as a result of mental illness, presents a likelihood of serious harm, or is gravely disabled and shall set forth the less restrictive alternative proposed by the facility; and

(e) A copy of the petition has been served on the detained person, his or her attorney and his or her guardian or conservator, if any, prior to the probable cause hearing.

(f) The court at the time the petition was filed and before the probable cause hearing has appointed counsel to represent such person if no other counsel has appeared.

(g) The court has ordered a fourteen (14) day involuntary intensive treatment or a ninety (90) day less restrictive alternative treatment after a probable cause hearing has been held.

(h) At the conclusion of the initial commitment period, the professional staff of the agency or facility or the mental health professional designated by the county may petition for an additional period of either ninety (90) days of less restrictive alternative treatment or ninety (90) days of involuntary intensive treatment.

(i) If the hospital or facility designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated has agreed to assume such responsibility.

SECTION 19. If a petition is filed for fourteen (14) day involuntary treatment or ninety (90) days of less restrictive alternative treatment, the court shall hold a probable cause hearing within seventy-two (72) hours of the initial detention of such person. If requested by the detained person or his or her attorney, the hearing may be postponed for a period not to exceed forty-eight (48) hours. The hearing may also be continued subject to the petitioner's showing of good cause for a period not to exceed twenty-four (24) hours.

At the conclusion of the probable cause hearing, if the court finds a preponderance of the evidence that such person, as the result of mental illness, presents a likelihood of serious harm, or is gravely disabled, and, after considering less restrictive alternatives to involuntary detention and treatment, finds that no such alternatives are in the best interests of such persons or others, the court shall order that such person be detained for involuntary treatment not to exceed fourteen (14) days in a facility certified to provide treatment by the department. If the court finds that such person, as the result of a mental illness, presents a likelihood of serious harm, or is gravely disabled, but that treatment in a less restrictive setting than detention is in the best interest of such person or others, the court shall order an appropriate less restrictive course of treatment not to exceed ninety (90) days.

The court shall specifically state to such person and give such person notice in writing that if involuntary treatment beyond the fourteen (14) day period or beyond the ninety (90) days of less restrictive treatment is to be sought, such person will have the right to a full hearing or

jury trial. The court shall also provide written notice that the person is barred from the possession of firearms.

SECTION 20. (a) Involuntary intensive treatment ordered at the time of the probable cause hearing shall be for no more than fourteen (14) days, and shall terminate sooner when, in the opinion of the professional person in charge of the facility or his or her professional designee, (1) the person no longer constitutes a likelihood of serious harm, or (2) no longer is gravely disabled, or (3) is prepared to accept voluntary treatment upon referral, or (4) is to remain in the facility providing intensive treatment on a voluntary basis.

(b) A person who has been detained for fourteen (14) days of intensive treatment shall be released at the end of the fourteen (14) days unless one of the following applies: (1) Such person agrees to receive further treatment on a voluntary basis; or (2) such person is a patient to whom Section 22 is applicable.

SECTION 21. Nothing in this act shall prohibit the professional person in charge of a treatment facility, or his or her professional designee, from permitting a person detained for intensive treatment to leave the facility for prescribed periods during the term of the person's detention, under such conditions as may be appropriate.

SECTION 22. At the expiration of the fourteen (14) day period of intensive treatment, a person may be confined for further treatment pursuant to this act if:

(1) such person after having been taken into custody for evaluation and treatment has threatened, attempted, or inflicted:

(A) physical harm upon the person of another or himself or herself, or substantial damage upon the property of another; and

(B) as a result of mental illness presents a likelihood of serious harm; or

(2) such person was taken into custody as a result of conduct in which he or she attempted or inflicted physical harm upon the person of another or himself or herself, or

substantial damage upon the property of others, and continues to present, as a result of mental illness, a likelihood of serious harm;

(3) such person has been determined to be incompetent and criminal charges have been dismissed, and has committed acts constituting a felony, and as a result of a mental illness, presents a substantial likelihood of repeating similar acts. In any proceeding pursuant to this subdivision it shall not be necessary to show intent, willfulness, or state of mind as an element of the felony; or

(4) such person is gravely disabled.

SECTION 23. For the purposes of continued less restrictive alternative commitment, in determining whether or not the person is gravely disabled, great weight shall be given to evidence of a prior history or pattern of decompensation and discontinuation of treatment resulting in (a) repeated hospitalizations; or (b) repeated peace officer interventions resulting in juvenile offenses, criminal charges, diversion programs, or jail admissions. Such evidence may be used to provide a factual basis for concluding that the individual would not receive, if released, such care as is essential for his or her health or safety.

SECTION 24. (a) At any time during a person's fourteen (14) day intensive treatment period, the professional person in charge of a treatment facility or his or her professional designee or the designated county mental health professional may petition the chancery court for an order requiring such person to undergo an additional period of treatment. Such petition must be based on one (1) or more of the grounds set forth in Section 22.

(b) The petition shall summarize the facts which support the need for further confinement and shall be supported by affidavits signed by two (2) examining physicians, or by one (1) examining physician and examining mental health professional. The affidavits shall describe in detail the behavior of the detained person which supports the petition and shall explain what, if any, less restrictive treatments which are

alternatives to detention are available to such person, and shall state the willingness of the affiant to testify to such facts in subsequent judicial proceedings under this act.

(c) If a person has been determined to be incompetent, then the professional person in charge of the treatment facility or his or her professional designee or the county designated mental health professional may directly file a petition for one hundred eighty (180) day treatment. No petition for initial detention or fourteen (14) day detention is required before such a petition may be filed.

SECTION 25. The petition for ninety (90) day treatment shall be filed with the clerk of the superior court at least three (3) days before expiration of the fourteen (14) day period of intensive treatment. At the time of filing such petition, the clerk shall set a time for the person to come before the court on the next judicial day after the day of filing unless such appearance is waived by the person's attorney, and the clerk shall notify the designated mental health professional for the county. The designated mental health professional shall immediately notify the person detained, his or her attorney, if any, and his or her guardian or conservator, if any, and the prosecuting attorney, and provide a copy of the petition to such person as soon as possible.

At the time set for appearance the detained person shall be brought before the court, unless such appearance has been waived and the court shall advise him or her of his or her right to be represented by an attorney and of his or her right to a jury trial. If the detained person is not represented by an attorney, or is indigent or is unwilling to retain an attorney, the court shall immediately appoint an attorney to represent him or her. The court shall, if requested, appoint a reasonably available licensed physician, psychologist, or psychiatrist, designated by the detained person to examine and testify on behalf of the detained person.

The court may, if requested, also appoint a professional person as defined in Section 3 to seek less restrictive alternative courses of treatment and to testify on behalf of the detained person. In the case of a developmentally disabled person who has been determined to be

incompetent, then the appointed professional person under this section shall be a developmental disabilities professional.

The court shall also set a date for a full hearing on the petition as provided in this act and Tennessee Code Annotated, title 33, chapter 3, part 6.

SECTION 26. (a) If the court or jury finds that grounds set forth in Section 22 have been proven and that the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department or to a facility certified for ninety (90) day treatment by the department for a further period of intensive treatment not to exceed ninety (90) days from the date of judgment: Provided, that if the grounds set forth in Section 22 are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty (180) days from the date of judgment in a facility certified for one hundred eighty (180) day treatment by the department. If the committed person is developmentally disabled and has been determined incompetent pursuant to Section 22, and the best interests of the person or others will not be served by a less restrictive treatment which is an alternative to detention, the court shall remand him or her to the custody of the department or to a facility certified for one hundred eighty (180) day treatment by the department. When appropriate and subject to available funds, treatment and training of such persons must be provided in a program specifically reserved for the treatment and training of developmentally disabled persons. A person so committed shall receive habilitation services pursuant to an individualized service plan specifically developed to treat the behavior which was the subject of the criminal proceedings. The treatment program shall be administered by developmental disabilities professionals and others trained specifically in the needs of developmentally disabled persons. The department may limit admissions to this specialized program in order to ensure that expenditures for services do not exceed amounts appropriated by the general assembly and allocated by the department for such services. The department may establish admission

priorities in the event that the number of eligible persons exceeds the limits set by the department. An order for treatment less restrictive than involuntary detention may include conditions, and if such conditions are not adhered to, the designated mental health professional or developmental disabilities professional may order the person apprehended.

If the court or jury finds that grounds set forth in Section 22 have been proven, but finds that treatment less restrictive than detention will be in the best interest of the person or others, then the court shall remand him or her to the custody of the department or to a facility certified for ninety (90) day treatment by the department or to a less restrictive alternative for a further period of less restrictive treatment not to exceed ninety (90) days from the date of judgment: Provided, that if the grounds set forth in Section 22 are the basis of commitment, then the period of treatment may be up to but not exceed one hundred eighty (180) days from the date of judgment.

(b) The person shall be released from involuntary treatment at the expiration of the period of commitment imposed under subsection (a) of this section unless the superintendent or professional person in charge of the facility in which he or she is confined, or in the event of a less restrictive alternative, the designated mental health professional or developmental disabilities professional, files a new petition for involuntary treatment on the grounds that the committed person--

(1) During the current period of court ordered treatment:

(A) has threatened, attempted, or inflicted physical harm upon the person of another, or substantial damage upon the property of another; and

(B) as a result of mental illness or developmental disability presents a likelihood of serious harm; or

(2) Was taken into custody as a result of conduct in which he or she attempted or inflicted serious physical harm upon the person of another, and



continues to present, as a result of mental illness or developmental disability a likelihood of serious harm;

(3) Is in custody pursuant to this act and as a result of mental illness or developmental disability presents a substantial likelihood of repeating similar acts considering the charged criminal behavior, life history, progress in treatment, and the public safety; or

(4) Continues to be gravely disabled.

If the conduct required to be proven in (2) and (3) of this subsection was found by a judge or jury in a prior trial under this act, it shall not be necessary to reprove that element. Such new petition for involuntary treatment shall be filed and heard in the superior court of the county of the facility which is filing the new petition for involuntary treatment unless good cause is shown for a change of venue. The cost of the proceedings shall be borne by the state.

The hearing shall be held as provided in Section 24, and if the court or jury finds that the grounds for additional confinement as set forth in this subdivision are present, the court may order the committed person returned for an additional period of treatment not to exceed one hundred eighty (180) days from the date of judgment. At the end of the one hundred eighty (180) day period of commitment, the committed person shall be released unless a petition for another one hundred eighty (180) day period of continued treatment is filed and heard in the same manner as provided in this subdivision. Successive one hundred eighty (180) day commitments are permissible on the same grounds and pursuant to the same procedures as the original one hundred eighty (180) day commitment.

(c) No person committed as provided in this section may be detained unless a valid order of commitment is in effect. No order of commitment can exceed one hundred days (180) in length.

SECTION 27. (a) Nothing in this act shall prohibit the superintendent or professional person in charge of the hospital or facility in which the person is being involuntarily treated from releasing him or her prior to the expiration of the commitment period when, in the opinion of the superintendent or professional person in charge, the person being involuntarily treated no longer presents a likelihood of serious harm.

Whenever the superintendent or professional person in charge of a hospital or facility providing involuntary treatment pursuant to this act releases a person prior to the expiration of the period of commitment, the superintendent or professional person in charge shall in writing notify the court which committed the person for treatment.

(b) Before a person committed under grounds set forth in Section 22 or is released under this section, the superintendent or professional person in charge shall in writing notify the district attorney general of the county in which the criminal charges against the committed person were dismissed, of the release date. Notice shall be provided at least thirty (30) days before the release date. Within twenty (20) days after receiving notice, the prosecuting attorney may petition the court in the county in which the person is being involuntarily treated for a hearing to determine whether the person is to be released. The district attorney general shall provide a copy of the petition to the superintendent or professional person in charge of the hospital or facility providing involuntary treatment, the attorney, if any, and the guardian or conservator of the committed person. The court shall conduct a hearing on the petition within ten (10) days of filing the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be released without substantial

danger to other persons, or substantial likelihood of committing felonious acts jeopardizing public safety or security. If the court disapproves of the release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the committed person shall be released or shall be returned for involuntary treatment subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this act.

SECTION 28. (a)(1) When, in the opinion of the superintendent or the professional person in charge of the hospital or facility providing involuntary treatment, the committed person can be appropriately served by outpatient treatment prior to or at the expiration of the period of commitment, then such outpatient care may be required as a condition for early release for a period which, when added to the inpatient treatment period, shall not exceed the period of commitment. If the hospital or facility designated to provide outpatient treatment is other than the facility providing involuntary treatment, the outpatient facility so designated must agree in writing to assume such responsibility. A copy of the conditions for early release shall be given to the patient, the designated mental health professional in the county in which the patient is to receive outpatient treatment, and to the court of original commitment.

(2) Before a person committed under grounds set forth in this act, is conditionally released under (1) of this subsection, the superintendent or professional person in charge of the hospital or facility providing involuntary treatment shall in writing notify the prosecuting attorney of the county in which the criminal charges against the committed person were dismissed, of the decision to conditionally release the person. Notice and a copy of the conditions for early release shall be provided at least thirty (30) days before the person is released from inpatient care. Within twenty (20) days after receiving notice, the prosecuting attorney may petition the court in the county that issued the commitment order to hold a hearing to determine whether the person may be conditionally released and the terms of the conditional release. The prosecuting attorney shall provide a copy of the petition to the superintendent or professional person in

charge of the hospital or facility providing involuntary treatment, the attorney, if any, and guardian or conservator of the committed person, and the court of original commitment. If the county in which the committed person is to receive outpatient treatment is the same county in which the criminal charges against the committed person were dismissed, then the court shall, upon the motion of the prosecuting attorney, transfer the proceeding to the court in that county. The court shall conduct a hearing on the petition within ten (10) days of the filing of the petition. The committed person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as set forth in this subsection and except that there shall be no right to jury trial. The issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other persons, or substantial likelihood of committing felonious acts jeopardizing public safety or security. If the court disapproves of the conditional release, it may do so only on the basis of substantial evidence. Pursuant to the determination of the court upon the hearing, the conditional release of the person shall be approved by the court on the same or modified conditions or the person shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed, or otherwise in accordance with the provisions of this act.

(b) The hospital or facility designated to provide outpatient care or the commissioner may modify the conditions for continued release when such modification is in the best interest of the person. Notification of such changes shall be sent to all persons receiving a copy of the original conditions.

(c)(1) If the hospital or facility designated to provide outpatient care, the designated county mental health professional, or the commissioner determines that a conditionally released person is failing to adhere to the terms and conditions of his or her release, that substantial deterioration in the person's functioning has occurred, there is evidence of substantial decompensation with a high probability that the decompensation can be reversed by further

inpatient treatment, or there is a likelihood of serious harm, then, upon notification by the hospital or facility designated to provide outpatient care, or on his or her own motion, the designated mental health professional of the county or the commissioner may order that the conditionally released person be apprehended and taken into custody and temporarily detained in an evaluation and treatment facility in or near the county in which he or she is receiving outpatient treatment. The person shall be detained until such time, not exceeding five (5) days, as a hearing can be scheduled to determine whether or not the person should be returned to the hospital or facility from which he or she had been conditionally released. The designated mental health professional of the county or the commissioner may modify or rescind such order at any time prior to commencement of the court hearing.

(2) The court that originally ordered commitment shall be notified within two (2) judicial days of a person's detention under the provisions of this section, and the designated mental health professional of the county or the commissioner shall file his or her petition and order of apprehension and detention with the court and serve them upon the person detained. His or her attorney, if any, and his or her guardian or conservator, if any, shall receive a copy of such papers as soon as possible. Such person shall have the same rights with respect to notice, hearing, and counsel as for an involuntary treatment proceeding, except as specifically set forth in this section and except that there shall be no right to jury trial. The issues to be determined shall be (i) whether the conditionally released person did or did not adhere to the terms and conditions of his or her release; (ii) that substantial deterioration in the person's functioning has occurred; (iii) there is evidence of substantial decompensation with a high probability that the decompensation can be reversed by further inpatient treatment; or (iv) there is a likelihood of serious harm; and, if any of the conditions listed in this subsection (c)(2) have occurred, whether the conditions of release should be modified or the person should be returned to the facility.

(3) Pursuant to the determination of the court upon such hearing, the conditionally released person shall either continue to be conditionally released on the same or modified

conditions or shall be returned for involuntary treatment on an inpatient basis subject to release at the end of the period for which he or she was committed for involuntary treatment, or otherwise in accordance with the provisions of this act. Such hearing may be waived by the person and his or her counsel and his or her guardian or conservator, if any, but shall not be waivable unless all such persons agree to waive, and upon such waiver the person may be returned for involuntary treatment or continued on conditional release on the same or modified conditions.

(d) The proceedings set forth in subsection (c) of this section may be initiated by the designated mental health professional of the county or the commissioner on the same basis set forth therein without requiring or ordering the apprehension and detention of the conditionally released person, in which case the court hearing shall take place in not less than five (5) days from the date of service of the petition upon the conditionally released person.

Upon expiration of the period of commitment, or when the person is released from outpatient care, notice in writing to the court which committed the person for treatment shall be provided.

(e) The grounds and procedures for revocation of less restrictive alternative treatment shall be the same as those set forth in this section for conditional releases.

(f) In the event of a revocation of a conditional release, the subsequent treatment period may be for no longer than the actual period authorized in the original court order.

SECTION 29. No indigent patient shall be conditionally released or discharged from involuntary treatment without suitable clothing, and the superintendent of a state hospital shall furnish the same, together with such sum of money as he or she deems necessary for the immediate welfare of the patient. Such sum of money shall be the same as the amount required by title 41 to be provided to persons in need being released from correctional institutions. As funds are available, the commissioner may provide additional payment to indigent persons conditionally released pursuant to this act, and may adopt rules and regulations to do so.

SECTION 30. (a) Every person involuntarily detained or committed under the provisions of this act shall be entitled to all the rights set forth in this act and shall retain all rights not denied him or her under this act.

(b) Each person involuntarily detained or committed pursuant to this act shall have the right to adequate care and individualized treatment.

SECTION 31. Insofar as danger to the individual or others is not created, each person involuntarily detained, treated in a less restrictive alternative course of treatment, or committed for treatment and evaluation pursuant to this act shall have, in addition to other rights provided by this title, including Tennessee Code Annotated, Section 33-3-104, or not specifically withheld by law, the following rights, a list of which shall be prominently posted in all facilities, institutions, and hospitals providing such services:

(a) to wear his or her own clothes and to keep and use his or her own personal possessions, except when deprivation of same is essential to protect the safety of the resident or other persons;

(b) to keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases;

(c) to have access to individual storage space for his or her private use;

(d) to have visitors at reasonable times;

(e) to have reasonable access to a telephone, both to make and receive confidential calls;

(f) to have ready access to letter writing materials, including stamps, and to send and received uncensored correspondence through the mails;

(g) not to consent to the administration of antipsychotic medications beyond the hearing conducted pursuant to or the performance of electroconvulsant therapy or surgery, except emergency life saving surgery, unless ordered by a court of competent jurisdiction pursuant to the following standards and procedures:

(1) The administration of antipsychotic medication or electroconvulsant therapy shall not be ordered unless the petitioning party proves by clear, cogent, and convincing evidence that there exists a compelling state interest that justifies overriding the patient's lack of consent to the administration of antipsychotic medications or electroconvulsant therapy, that the proposed treatment is necessary and effective, and that medically acceptable alternative forms of treatment are not available, have not been successful, or are not likely to be effective.

(2) The court shall make specific findings of fact concerning (i) the existence of one (1) or more compelling state interests; (ii) the necessity and effectiveness of the treatment; and (iii) the person's desires regarding the proposed treatment. If the patient is unable to make a rational and informed decision about consenting to or refusing the proposed treatment, the court shall make a substituted judgment for the patient as if he or she was competent to make such a determination.

(3) The person shall be present at any hearing on a request to administer antipsychotic medication or electroconvulsant therapy filed pursuant to this subsection. The person has the right (i) to be represented by an attorney; (ii) to present evidence; (iii) to cross-examine witness; (iv) to have the rules of evidence enforced; (v) to remain silent; (vi) to view and copy all petitions and reports in the court file; (vii) to be given reasonable notice and an opportunity to prepare for the hearing. The court may appoint a psychiatrist, psychologist within their scope of practice, or physician to examine and testify on behalf of such person. The court shall appoint a psychiatrist, psychologist within their scope of practice, or physician designated by such person or the person's counsel to



testify on behalf of the person in cases where an order for electroconvulsant therapy is sought.

(4) An order for the administration of antipsychotic medications entered following a hearing conducted pursuant to this section shall be effective for the period of the current involuntary treatment order, and any interim period during which the person is awaiting trial or hearing on a new petition for involuntary treatment or involuntary medication.

(5) Any person detained pursuant to this act, who subsequently refuses antipsychotic medication, shall be entitled to the procedures set forth in Section 16.

(6) Antipsychotic medication may be administered to a nonconsenting person detained or committed pursuant to this act without a court order pursuant to Section 16 or under the following circumstances:

(A) A person presents an imminent likelihood of serious harm;

(B) Medically acceptable alternatives to administration of antipsychotic medications are not available, have not been successful, or are not likely to be effective; and

(C) In the opinion of the physician with responsibility for treatment of the person, or his or her designee, the person's condition constitutes an emergency requiring the treatment be instituted before a judicial hearing as authorized pursuant to this section can be held.

If antipsychotic medications are administered over a person's lack of consent pursuant to this subsection, a petition for an order authorizing the administration of antipsychotic medications shall be filed on the next judicial day. The hearing shall be held within two (2) judicial days. If deemed necessary by the physician with responsibility for the treatment

of the person, administration of antipsychotic medications may continue until the hearing is held;

(h) To dispose of property and sign contracts unless such person has been adjudicated an incompetent in a court proceeding directed to that particular issue;

(i) Not to have psychosurgery performed on him or her under any circumstances.

SECTION 32. When a patient would otherwise be subject to the provisions of Tennessee Code Annotated, Section 33-3-105(10), and disclosure is necessary for the protection of the patient or others due to his or her unauthorized disappearance from the facility, and his or her whereabouts is unknown, notice of such disappearance, along with relevant information, may be made to relatives and governmental law enforcement agencies designated by the physician in charge of the patient or the professional person in charge of the facility, or his or her professional designee.

SECTION 33. Every person involuntarily detained shall immediately be informed of his or her right to a hearing to review the legality of his or her detention and of his or her right to counsel, by the professional person in charge of the facility providing evaluation and treatment, or his or her designee, and, when appropriate, by the court. If the person so elects, the court shall immediately appoint an attorney to assist him or her.

SECTION 34. A person challenging his or her detention or his or her attorney, shall have the right to designate and have the court appoint a reasonably available independent physician or licensed mental health professional to examine the person detained, the results of which examination may be used in the proceeding. The person shall, if he or she is financially able, bear the cost of such expert information, otherwise such expert examination shall be at public expense.

SECTION 35. The comptroller of the treasury shall perform an evaluation of the effect of this act upon persons who have been repeatedly involuntarily committed and shall measure the

overall fiscal impact of this act. The comptroller shall report its findings to the appropriate committees of the general assembly by January 1, 2000.

SECTION 36. Tennessee Code Annotated, Section 13-24-101(b), is amended by deleting the language “as defined in §33-3-104” and by substituting instead the language “under the provisions of this act”.

SECTION 37. Tennessee Code Annotated, Section 24-1-207(a)(3), is amended by deleting the language “§33-6-103 or §33-6-104” wherever it appears and by substituting instead the language “the provisions of this act”.

SECTION 38. Tennessee Code Annotated, Section 33-2-604(3), is amended by deleting the language “§33-6-104” wherever it appears and by substituting instead the language “the provisions of this act”.

SECTION 39. Tennessee Code Annotated, Section 33-2-604(4), is amended by deleting the item in its entirety and by appropriately redesignating subsequent items.

SECTION 40. Tennessee Code Annotated, Section 33-3-105(a)(2), is amended by deleting the language “33-6-103 and 33-6-104” in the first sentence and by substituting instead the language “and the provisions of this act”.

SECTION 41. Tennessee Code Annotated, Section 33-3-201, is amended by deleting the language “§33-6-104” wherever it appears and by substituting instead the language “the provisions of this act”.

SECTION 42. Tennessee Code Annotated, Section 33-3-203(a)(5), is amended by deleting the language “§33-6-104(e)-(h)” and by substituting instead the language “the provisions of this act”.

SECTION 43. Tennessee Code Annotated, Section 33-3-203(b)(4)(B), is amended by deleting the language “§33-6-103 or shall initiate proceedings under §33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 44. Tennessee Code Annotated, Section 33-3-203(d), is amended by deleting the language “§33-6-109” and by substituting instead the language “the provisions of this act”.

SECTION 45. Tennessee Code Annotated, Section 33-3-302, is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 46. Tennessee Code Annotated, Section 33-3-501(b), is amended by deleting the language “§33-6-103” and by substituting instead the language “the provisions of this act”.

SECTION 47. Tennessee Code Annotated, Section 33-3-504, is amended by deleting the language “§33-6-103(f)(2)” and by substituting instead the language “the provisions of this act”.

SECTION 48. Tennessee Code Annotated, Section 33-3-601(b)(1), is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 49. Tennessee Code Annotated, Section 33-3-601(b)(2), is amended by deleting the language “§33-6-103 or §33-6-104” and “§§33-6-103(d) and (h) and 33-6-104” and by substituting instead the language in each instance “the provisions of this act”.

SECTION 50. Tennessee Code Annotated, Section 33-3-601, is amended by adding the following language at the end of subsection (a): “The provisions of §33-3-617 shall not apply to commitments pursuant to this act.”

SECTION 51. Tennessee Code Annotated, Section 33-3-801(b), is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 52. Tennessee Code Annotated, Section 33-5-305(b)(2), is amended by deleting the language “as defined in §33-6-104(a)” and by substituting instead the language “under the provisions of this act”.

SECTION 53. (a) Tennessee Code Annotated, Section 33-6-101(a)(3), is amended by deleting the language “one (1) six-month” and by substituting instead the language “one hundred eighty (180) day”.

(b) Tennessee Code Annotated, Section 33-6-101(a)(5), is amended by deleting the language “six (6) months” and by substituting instead the language “one hundred eighty (180) days”.

SECTION 54. Tennessee Code Annotated, Section 33-6-101, is amended by deleting the language “§33-6-103” and “§33-6-104” wherever it appears and by substituting instead the language “the provisions of this act”.

SECTION 55. Tennessee Code Annotated, Section 33-6-103, is amended by deleting the section in its entirety.

SECTION 56. Tennessee Code Annotated, Section 33-6-104, is amended by deleting the section in its entirety.

SECTION 57. Tennessee Code Annotated, Section 33-6-105, is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 58. Tennessee Code Annotated, Section 33-6-105, is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 59. Tennessee Code Annotated, Section 33-6-105, is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 60. Tennessee Code Annotated, Section 33-6-106, is amended by deleting the language “§33-6-103 or §33-6-104” wherever it appears and by substituting instead the language “the provisions of this act”.

SECTION 61. Tennessee Code Annotated, Section 33-6-107, is amended by deleting the language “§33-6-103 or §33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 62. Tennessee Code Annotated, Section 33-6-108, is amended by deleting the section in its entirety.

SECTION 63. Tennessee Code Annotated, Section 33-6-109, is amended by deleting the section in its entirety.

SECTION 64. Tennessee Code Annotated, Section 33-6-110(a), is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 65. Tennessee Code Annotated, Section 33-6-110(c), (d) and (f), are amended by deleting the language, “§33-6-109” wherever it appears and by substituting instead the language “the provisions of this act”.

SECTION 66. Tennessee Code Annotated, Section 33-6-110, is amended by deleting the language “§33-6-104” and “§33-6-109” wherever such language appears and by substituting instead the language “the provisions of this act”.

SECTION 67. Tennessee Code Annotated, Section 33-6-201, is amended by deleting the language “§33-6-104” and “§33-6-109(b)” wherever such language appears and by substituting instead the language “the provisions of this act”, Tennessee Code Annotated, Section 33-6-201(b)(1)(B), is further amended by deleting the language “as defined in §33-6-104(a)” and by substituting instead the language “under the provisions of this act.”

SECTION 68. Tennessee Code Annotated, Section 33-6-202(1), is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 69. Tennessee Code Annotated, Section 33-6-206, is amended by deleting the language “§33-6-103 or §33-6-104” and by substituting instead the language “the provisions of this act” and further amend by deleting the language “entered in the proceedings under §33-6-104,”.

SECTION 70. Tennessee Code Annotated, Sections 33-6-206(b)(1)(B) and (c)(2), are amended by deleting the language “as defined in §33-6-104(a)” and by substituting instead the language “under the provisions of this act” in each instance.

SECTION 71. Tennessee Code Annotated, Section 33-6-305(b), is amended by deleting the language “as defined in §33-6-104(a)” and by substituting instead the language “under the provisions of this act”.

SECTION 72. Tennessee Code Annotated, Section 33-6-305(c), is amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 73. Tennessee Code Annotated, Section 33-7-202, is amended by deleting the language “§33-6-104” wherever it appears and by substituting instead the language “the provisions of this act” in each instance.

SECTION 74. Tennessee Code Annotated, Section 33-7-301(b)(1)(B) and (b)(4), are amended by deleting the language “§33-6-104” and by substituting instead “the provisions of this act” in each instance.

SECTION 75. Tennessee Code Annotated, Section 33-7-303, is amended by deleting the language “§33-6-104” wherever it appears and by substituting instead the language “the provisions of this act”. Tennessee Code Annotated, Section 33-7-303(b)(3), is amended by deleting the language “as defined in §33-6-104(a)” and by substituting instead the language “under the provisions of this act”.

SECTION 76. Tennessee Code Annotated, Section 37-1-128(e)(1)(B), is amended by deleting the language “as defined in §33-6-104(a)” and by substituting instead the language “under the provisions of this act”.

SECTION 77. Tennessee Code Annotated, Section 41-2-122, is amended by deleting the language “§33-6-103 and §33-6-104” and by substituting instead the language “and the provisions of this act”.

SECTION 78. Tennessee Code Annotated, Section 41-21-223, is amended by deleting the language “as defined in §33-6-104(a)” and by substituting instead the language “under the provisions of this act”. Tennessee Code Annotated, Section 41-21-223, is further amended by deleting the language “§33-6-104” and by substituting instead the language “the provisions of this act”.

SECTION 79. Tennessee Code Annotated, Section 68-24-105, is amended by deleting the language "33-6-103, and 33-6-104" and by substituting instead the language "and the provisions of this act".

SECTION 80. Tennessee Code Annotated, Section 68-24-507(e)(2), is amended by deleting the language “§33-6-103” and by substituting instead the language “the provisions of this act”.

SECTION 81. This act shall take effect January 1, 1999, the public welfare requiring it.